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SIEMENS**Fax**

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|---------------|---|---------------|--------------------|
| To: | Examiner: A. K. Robinson-Boyce | From: | Alexander J. Burke |
| Fax: | 703-746-7239 | Pages: | 23 |
| Phone: | 703-305-1340 | Date: | February 25, 2005 |
| Re: | Serial No. 10/051,664 Art Unit 3623 A System for Processing Healthcare Related Event Information for Use in Scheduling Performance of Tasks | | |

IF YOU DO NOT RECEIVE ALL OF THIS TELEFAX IN GOOD ORDER,

PLEASE CALL: Christine Briscoe at 732-321-3018

Attached is the following:

Title of Document: Fee Transmittal (in duplicate) Response to Final Rejection Accompanying a Request for Continued Examination (RCE) 21 pp. Request for Continued Examination Transmittal (RCE) 1pp.

Serial No.: 10/051,664
Filing Date: January 17, 2002
First Named Inventor: S. I. Brandt
Group Art Unit: 3623
Attorney Docket: 2001P16949US02

| | |
|--|-------------------------|
| CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8 | |
| I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office | |
| <i>Alexander Burke</i> | <u>25 February 2005</u> |
| Alexander J. Burke Reg. No. 40,425 | Date |

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 500.00

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 10/051,664 |
| Filing Date | January 17, 2002 |
| First Named Inventor | Samuel I. Brandt |
| Examiner Name | A. K. Robinson-Boyce |
| Art Unit | 3623 |
| Attorney Docket No. | 2001P16949US02 |

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-2179 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

| | | | |
|----|--------------|---|------------|
| 29 | - 20 or HP = | 2 | x 50 = 100 |
|----|--------------|---|------------|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

| | | | |
|---|-------------|---|-------------|
| 6 | - 3 or HP = | 2 | x 200 = 400 |
|---|-------------|---|-------------|

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

| Fee (\$) | Fee Paid (\$) |
|----------|---------------|
|----------|---------------|

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

| | | | | |
|---------|--------|--------------------------------|---|--|
| - 100 = | / 50 = | (round up to a whole number) x | = | |
|---------|--------|--------------------------------|---|--|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | |
|-------------------|------------------------|--|------------------------|
| Signature | <i>Alexander Burke</i> | Registration No. (Attorney/Agent) 40,425 | Telephone 732-321-3023 |
| Name (Print/Type) | Alexander J. Burke | Date February 25, 2005 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Ser. No10/051,664

PATENT
01P16949US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : S. I. Brand et al.

Serial No. : 10/051,664

Filed : January 17, 2002

For : A System for Processing Healthcare Related Event Information for
Use in Scheduling Performance of Tasks

Examiner : A. K. Robinson-Boyce

Art Unit : 3623

**Response to Final Rejection Accompanying a Request for
Continued Examination (RCE)**Commission for Patents
P. O. Box 1450
Alexandria, VA 22313-1450
Sir:

In response to the Office Action dated February 11, 2004, please
amend the above identified application as follows.

Please charge any fee associated with this Amendment to deposit
account 19-2179.

In the Claims:

Amend claims 1, 11 and 26 as attached by deleting the material
identified by a strikethrough marking and by adding the underscored material.

Add claims 28 and 29.